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22a. SIGNATURE: (Degree or title) 22b. ADDRESS 24th and Cherry 7-13-57 3a. BURIAL, CREMATION. REMOVAL (Specify) 3DLY-15-1957 ELM WOOD CEMETERY ANSAS CITY MISSIONAL (Specify) 4. FUNERAL DIRECTOR ADDRESS 22b. ADDRESS 22c. DATE SIGN 7-13-57 ANSAS CITY MISSIONAL (Specify) 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE W. NEW COMERS SONS RANSAS CITY NO. 7-15-57 MENA MISSIONAL MISSIO	21. I attende	the deceased from 7-9-5	. to	7-12-57	and last saw her	alive on 7-12-57			
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MINERO CONCRESIONS RANSAS CITY MU. 1 12-31 (1000) (111)		OR ADDRESS	125. 0	ATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIG	NATURE / CO			
(Licensed Embalmer's Statement on Reverse Side)	D.W.NEIN C	CHICKS JUNE KANSAS	C//Y_MU.	-15-57	Mers To	Menshall)			
		(Lice	nsed Embalmer's Statem	nent on Reverse Side)		•			

THE DISION OF HEALTH OF MI

STATEMENT BY LICENSED EMBALMER

	I hereby cer	tify that the be	dy whose	name is	recorded	on the	reverse	side of t	his certificate	e was ei
by n	ne, or by							., Studen	t Embalmer N	١٥
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working under my personal supervision...

Student Signature of Student Embalmer

Licensed Embalmer No. 9

P. O. Address X.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of lieunse).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.